MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04424

4447 CERTIFICATE OF DEATH Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Town X
LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) ROGER (Middle) ENSOR (Last) BARNES

4. DATE OF DEATH: (Month) MAY (Day) 8 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 11/4/1896
9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Vital Statistician
10b. KIND OF BUSINESS OR INDUSTRY: Federal Govt
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: J. Edgar Barnes
14. MOTHER'S MAIDEN NAME: Leah Ensor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Vivian E. Barnes, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic C-V disease — years

DUE TO

(c)

4-20-1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) James T Marsh Deputy Medical Examiner
ADDRESS Westminster Md
DATE SIGNED May 10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 5/11/54
NAME OF CEMETERY OR CREMATORY Pipe Creek Cem.
LOCATION (City, town, or county) (State) Carroll County Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1954
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR D. D. Hafner & Son
ADDRESS New Windsor, Md.

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04425

4448

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Westminster — LENGTH OF STAY (in this place) 3 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	
CHARLES MONROE BOWERS	May 23	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Aug. 26, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor	Westminster Shoe Co.	Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James H. Bowers	Elizabeth Shetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Unk	Mrs Nellie Hoel 627 Balto. Blvd. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiac Vas Disease	many years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5-1-, 1954, to 5-23, 1954, that I last saw the deceased alive on 5-23, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
W. C. Stair MD		Westminster	5-25-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 26 1954	Finksburg Cemetery	Finksburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 24 1954	Clay Fogle	H. Bankard & Son	Westminster, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND : 9449

04426

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (In this place) Unk; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 1014 Beaumont Avenue

3. NAME OF DECEASED (Type or Print): (First) Lula; (Middle) Winton; (Last) Bucher

4. DATE OF DEATH: (Month) May; (Day) 15; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-18-83

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk

10b. KIND OF BUSINESS OR INDUSTRY: Unk

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis A. Bucher

14. MOTHER'S MAIDEN NAME: Eliza —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Cachexia secondary to pernicious Anemia — Interval Between Onset and Death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 20 yr or more

(c) Chronic brain syndrome with cerebral — 3 years or more

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis with psychotic reaction

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1953, to May 15, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 10 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Borowski MD ADDRESS Springfield Hosp. Sykesville - Md DATE SIGNED 5-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-19-54 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Balto Md. (State)

DATE REC'D BY LOCAL REG. May 16, 1954 | REGISTRAR'S SIGNATURE C. Stacy Wood | 24. FUNERAL DIRECTOR Wm Cook Inc | ADDRESS 1217 St Paul St.

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND

9450

04427

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Carroll County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS non

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Preston (Middle) (Last) Buckingham

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 22 Jan 1896

9. AGE last birthday 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A. yes

13. FATHER'S NAME George N. Buckingham

14. MOTHER'S MAIDEN NAME Elizabeth Thomas Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs B.S. Buckingham, Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

401.3

Immediate cause (a) Cardiac arrest

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac failure due to Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 38 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 April, 1954, to 2 May, 1954, that I last saw the deceased alive on 2 May, 1954, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE Howard E Hall (Degree or title) M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 5-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE 5-5-54 — NAME OF CEMETERY OR CREMATORY Mt. View — LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REG. May 3, 1954 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS Weer & Haight - Sykesville, Md

Luther H. Haight

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04428

4451 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton X — LENGTH OF STAY (in this place) 8mos. 12 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taylors Island 09 X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL 05	STREET ADDRESS (If rural give location) Box 96 ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WILLIAMS (Last) CLARK			4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954	
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec., 5, 1884	9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Factory	10b. KIND OF BUSINESS OR INDUSTRY: Oyster Shucker	11. BIRTHPLACE (State or foreign country): Taylors Island, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Samuel Thompson		14. MOTHER'S MAIDEN NAME: Ida Clark		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 217-07-1428	17. INFORMANT & ADDRESS: Deceased		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

002 X

Immediate cause (a) Mod. adv. bilat. pul. tbc. with cavitation — 18 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 24, 1953, to May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. F. Ilstal M.D. ADDRESS Henryton, Maryland DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 5-9-54	NAME OF CEMETERY ~~OR CREMATORY~~ Taylors Island	LOCATION (City, town, or county) Taylors Island, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 5/6/54	REGISTRAR'S SIGNATURE Albert R. Swankhaus	24. FUNERAL DIRECTOR K M Stolar	ADDRESS 317 High st Cambridge Md

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 -'54
BUREAU V. S

4452 **MARYLAND STATE DEPARTMENT OF HEALTH** 04429

2411 N Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH:

County Carroll

City or town Rural-- New Windsor
(If outside city or town limits write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For [illegible] born infants give residence of mother)

State Maryland County Carroll

City or town Rural--New Windsor
(If outside city or town limits, write RURAL and give nearest town)

Street No. Taylorsville
(If rural, give LOCATION)

2.(a) If veteran name war

3. (a) FULL NAME HILDA N. CONDON

3. (b) Social Security Number none

4 Sex: female
5. Color or race: white
6 (a) Single, married, widowed or divorced: married

6.(b) Name of husband or wife Burgess Condon

6.(c) If alive, give age ... years

7 Birth date of deceased (mo. day, yr.) April 30, 1893

8. AGE: Years 61 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Carroll Co., Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Eugena Pickett
13. Birthplace Md.

MOTHER
14 Maiden name Verdie Harn
15 Birthplace Md.

16. Informant Burgess Condon

Address R.D. New Windsor, Md.

17 BURIAL (Burial, cremation, or removal Which?) Date thereof May 16, 1954 (month) (day) (year)

Cemetery or ~~crematory~~ Taylorsville

Location Carroll Co., Maryland

18 Funeral director C. M. Waltz,

Address Winfield, Maryland

19. May 16 1954 (Date rec'd by registrar) E M Farver Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 1954 at 7:00 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2/1/50 19 to 5/15/54 19

and that I last saw h[illegible] alive on 5/15/54 19

Immediate cause of death [illegible] DURATION

Due to H[illegible]

Due to [illegible]

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN. Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following

Accident suicide or homicide ... Date of

Where did injury occur? (City or town) (County)

Injured at home farm, industry, public place (where?)

Means of injury ... Injured at work?

23 SIGNATURE [illegible] M. D. or other

Address [illegible] Date signed 5/15/54

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND 4453

04430

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Franklin (Last) Cooper

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 30, 1903
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry A. Cooper
14. MOTHER'S MAIDEN NAME Phoebe Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 214-16-1269
17. INFORMANT AND ADDRESS Mrs Elsie M. Cooper - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno-carcinoma of the lungs — unknown

(936.0) (c) Strain of muscles of chest and internal injury of chest while at work on 2-22-54 — 3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-15-54
19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of lungs
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ Contributory
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Edmonson Avenue prolonged (CITY OR TOWN) Ellicot city (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-22-54 9 p.m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Was lifting a pump from a well with 70 feet of pipe attached on it.

22. I hereby certify that I attended the deceased from 2-26, 1954, to 5-22, 1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE Bertram R Gan (Degree or title) M.D. ADDRESS SYKESVILLE Md DATE SIGNED 5-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-25-54
NAME OF CEMETERY OR ~~CREMATORY~~ Springfield
LOCATION (City, town, or county) Sykesville, Md. (State)

DATE REC'D BY LOCAL REG. May 24, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 27 1954
BUREAU V. S.

Film#G166 Item# 9 5/20/54 emf

04431

MARYLAND

STATE DEPARTMETT OF HEALTH

4454

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine
LENGTH OF STAY (in this place) 40+
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine, Md
STREET ADDRESS (If rural, give location) Woodbine, Md.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Costley

4. DATE OF DEATH (Month) MAY (Day) 3 (Year) 1954

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 24 Dec 1882
9. AGE last birthday 72 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Annie Dikes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Annie Costley - Wife - Woodbine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Cardiac arrest

Antecedent cause(s) (b) Arteriosclerosis, pneumonia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: Jan 54 to May 54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to May, 1954, that I last saw the deceased alive on 3 May, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Howard E. Hall (Degree or title) MD ADDRESS Sykesville, Maryland DATE SIGNED 3 May 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-6-1954
NAME OF CEMETERY OR CREMATORY White Rock
LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. May 5 1954
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield. Md.

MARGIN RESERVED FOR BINDING

RECEIVED
1954
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04432

4439

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 84 W. Green

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 84 W. Green

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELIZABETH AGNES DRISCOLL

4. DATE OF DEATH: (Month) (Day) (Year) May 27 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 21, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Fuhrman

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: M. Pauline Driscoll 84 W. Green St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	4 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949, to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE A. Reeschilkens (DEGREE OR TITLE) ADDRESS M.D. Westminster DATE SIGNED 5/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 29 1954

NAME OF CEMETERY OR CREMATORY Kriders Cemetery

LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. May 28-1954

REGISTRAR'S SIGNATURE C. Ray Fogle

24. FUNERAL DIRECTOR H. Bankard & Son, Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 1 1 54
BUREAU V. S.

Item 18 Film G168 7/20/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04433

4455 CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville ✓

LENGTH OF STAY (in this place): 3mos. 24days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City 3 v 0 1 4

STREET ADDRESS (If rural give location): 2804 Hemlock Ave ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Elizabeth	Marie	Edwards	5	29	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	9-11-88	65 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Curran	Susan Burns

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	Unk-	Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Heart failure — Several days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) (Fracture of left humerus-- Contributory only) — 3 months

DUE TO

(c) Chronic Rheumatoid Arthritis — Many years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychotic reaction — 6 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5 ,19 54, to 5-29 , 1954, that I last saw the deceased alive on 5-28 , 19 54, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph S. Berman M.D.	Springfield State Hospital	May 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1-1954	New Cathedral	Baltimore, Co.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 29, 1954	C. Henry Reed	Leonard J. Luck	5305 Harford

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04434

9440 CERTIFICATE OF DEATH Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (1) | LENGTH OF STAY (in this place) 50yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 505 S. Main St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EFFIE (Last) EVERHART
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co - Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Milton Swartzlund
14. MOTHER'S MAIDEN NAME: Mary Jane Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Harold H. Everhart, Westminster Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Vascular Disease — about 5 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 3 days
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-15, 1954, to 5-17, 1954, that I last saw the deceased alive on 5-16, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. L. Billingslea, M.D. Westminster, Md. 5-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 19/54 | NAME OF CEMETERY OR CREMATORY Rinders Cemetery | LOCATION (City, town, or county) (State) Rural, Westminster Md.
DATE REC'D BY LOCAL REGISTRAR May 19-1954 | REGISTRAR'S SIGNATURE Clay Engle
24. FUNERAL DIRECTOR ADDRESS J. E. Myers Jr. Westminster Md.

VS. A15

RECEIVED
MAY [illegible] 1954
BUREAU V. S.

04435

MARYLAND 4456

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1321 N. Bond Street

3. NAME OF DECEASED (Type or Print) (First) LUCIA (Middle) — (Last) FASANELLA
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-21-1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME Lorenzo Lupone
14. MOTHER'S MAIDEN NAME Andriana Delducco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1½ days

Antecedent cause(s) due to Myocardial degeneration — 4 years and longer.

old healed Colles fracture left — 14 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — old healed hip fracture left — 2½ years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — longer than 16 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

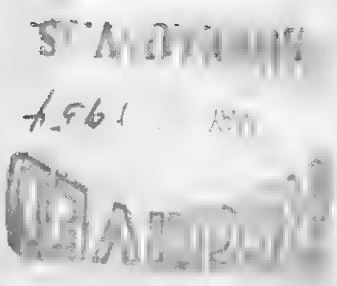
22. I hereby certify that I attended the deceased from Sept. 15, 1950, to May 10, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 5/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-13-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. May 11, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville, Md
Luther H. Haight

MARGIN RESERVED FOR BINDING



04436

MARYLAND 4457 — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr Silver Run | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, Md: R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Carroll COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr Silver Run
STREET ADDRESS (If rural, give location) Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) Horatio (Middle) Upton (Last) Fleischman

4. DATE OF DEATH: (Month) 5/20/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 16, 1884

9. AGE last birthday: 69 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning Factory Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Fleischman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 220-16-0718

17. INFORMANT AND ADDRESS: Mrs. Horatio U. Fleischman Westminster Md R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442.X CEREBRAL THROMBOSIS — Interval Between Onset and Death: 2 WKS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE CARDIO-VALVULAR RENAL DISEASE — 3 YRS

(c) GENERALIZED ARTERIOSCLEROSIS — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 17, 1954, to MAY 20, 1954, that I last saw the deceased alive on MAY 20, 1954, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip A Zubel M.D — ADDRESS Littlestown R — DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5/23/54 | NAME OF CEMETERY OR CREMATORY: Bixlers Cemetery | LOCATION (City, town, or county) (State): Nr. Westminster, Carroll Co. Md.

DATE REC'D BY LOCAL REG.: May 21-1954 | REGISTRAR'S SIGNATURE: O Ray Fogle

24. FUNERAL DIRECTOR — ADDRESS: J. M. Little & Son Littlestown, Pa.
Per R. A. Little

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1458 **CERTIFICATE OF DEATH**

04437

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Rural Westminster

LENGTH OF STAY (in this place): 14 Mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ibex boarding home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto

STREET ADDRESS (If rural, give location): 3657 Kenyon Av. Balto. 13. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
JINKS GRIFFEE	May 11 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Widowed	Feb. 10-1876	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bar tender		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Griffee	Naomi Lucretia Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	216-10-0618	Lloyd S. Griffee 3657 Kenyon Ave. Balto. 13, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO arteriosclerosis	4 or 5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3 1954 to May 11, 1954 that I last saw the deceased alive on May 8, 1954, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wilbur Wilkens M.D. Westminster 5/13/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 17 1954	Mt. Pleasant Mem. Park	Gamber	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13-1954	Ray Fogle	H. Bankard & Son	Westminster, Md.

Items 18 &22 Film G167B 6/24/54 ams

4459

04438

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taneytown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Taneytown Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LINDA (Middle) ANN (Last) HAINES

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 13, 1954

9. AGE last birthday: ~~[illegible]~~ yrs. IF UNDER 1 YEAR: Months | Days 6 Wks. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Gettysburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Russell Haines

14. MOTHER'S MAIDEN NAME: Mary Wivell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Russell Haines, R #1, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchiolitis
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F Guerin M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 29, 1954

NAME OF CEMETERY OR CREMATORY St.Joseph's Cemetery

LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REG. May 29.1954

REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR C.O.Fuss & Son ADDRESS Taneytown, Maryland

9V4499V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUN 2
BUREAU V. S.

4441 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04439

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 95 Liberty

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 95 Liberty

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) (Last) HARN
4. DATE OF DEATH: (Month) MAY (Day) 20 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 22, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham C. Myers
14. MOTHER'S MAIDEN NAME: Sarah Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-7550
17. INFORMANT & ADDRESS: Mrs George Steinburg 95 Liberty St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Cerebral Hemorrhage	12 hrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic Nephritis	4 yrs.
	DUE TO		
	(c)	Chronic bronchial Asthma.	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE S. Luther Bare (DEGREE OR TITLE) M.D. ADDRESS Westminster Md. DATE SIGNED 5/21/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 22 1954
NAME OF CEMETERY OR CREMATORY Bailor Cemetery
LOCATION (City, town, or county) Sam Cruk, (State) Md.

DATE REC'D BY LOCAL REG. May 21, 1954
REGISTRAR'S SIGNATURE C. Ray Fogle mnt.
24. FUNERAL DIRECTOR H Bankard & Son Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

9460 04440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — LENGTH OF STAY (In this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 5 Liberty St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — STREET ADDRESS (If rural, give location) R. 5 Liberty St. Ext.

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) David (Last) Harris

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 23, 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Cons.

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Harris

14. MOTHER'S MAIDEN NAME: Martha Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-7555

17. INFORMANT AND ADDRESS: George M. Harris Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION	10 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS ANGINA PECTORIS	6 WKS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1954, to 5/27, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 12 49 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William Lewis Stewart, M.D. — WESTMINSTER, MD — 5/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 29, 1954 — NAME OF CEMETERY OR CREMATORY: Krider's Cemetery — LOCATION (City, town, or county) (State): nr Westminster, Md.

DATE REC'D BY LOCAL REG.: May 27 1954 — REGISTRAR'S SIGNATURE: Kay Fogle

24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

RECEIVED
JUN 1 1954
BUREAU V. S.

9461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04441

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Carroll

City or town Union Bridge R.D. IV (If outside city or town limits write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Carroll

City or town Rural Union Bridge (If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. I (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Zeigler Helm.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife Jacob W. Helm

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 2, 1874

8. AGE: Years	Months	Days	If less than one day
80	2	8	hrs. ..... min.

9. Birthplace Franklin Co. Penna. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business House Wife

FATHER 12. Name Dallas E. Mowen

13. Birthplace Franklin Co. Penna.

MOTHER 14. Maiden name Irene Crunkelton

15. Birthplace Franklin Co. Penna

16. Informant Nellie C. Gordon

Address Union Bridge Md R.D. #1

17. Burial (Burial, cremation, or removal, Which?) Date thereof 5/23/1954 (month) (day) (year)

Cemetery or crematory Green Hill

Location Waynesboro Pa.

18. Funeral director Walter Y. Hare

Address 50 S. Broadway Waynesboro Pa.

May 21. 1954 Ethel M. Mehring Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1954 at 7.45 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 4/1/50 1950 to 5/20 1954 and that I last saw him alive on 5/20 1954

	DURATION
Immediate cause of death Arteriosclerotic Cardio-Vascular Disease	several years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE M. E. Robertson M.D. M. D. or other

Address New Windsor, Md. Date signed 5/20/54

4462 04442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown — LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Christina (Last) HERRING
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 7, 1883
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Weigand
14. MOTHER'S MAIDEN NAME: Amanda Bollinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 217-18-7203
17. INFORMANT AND ADDRESS: Mrs. Richard Ohler, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer; originating in breast. Widespread metastases

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953 to 5/3/1954 that I last saw the deceased alive on May 1, 1954 and that death occurred at 3:45A m., from the causes and on the date stated above.

SIGNATURE: E. Reeswilkens (Degree or title) M.D. — ADDRESS: Westminster — DATE SIGNED: 5/3/54

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: May 5, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery — LOCATION (City, town, or county) (State): Emmitsburg, Maryland
DATE REC'D BY LOCAL REG.: May 5, 1954 — REGISTRAR'S SIGNATURE: Mary G. Wist, Deputy
24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04443

4463 CERTIFICATE OF DEATH Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 12yrs.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 4200 Roland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Virginia (Last) Hoover

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-11-79

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hoover

14. MOTHER'S MAIDEN NAME: Mary Hampshire

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ~

16. SOCIAL SECURITY NO.: Unk-

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis, mixed type. 13 years+

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13 1954, to May 13, 1954, that I last saw the deceased alive on May 13 1954, and that death occurred at 5:50 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeldt M.D. ADDRESS Springfield State Hospital DATE SIGNED May 13, 1954

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial | DATE THEREOF 5-17-54 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR May 13, 1954 | REGISTRAR'S SIGNATURE C. Henry Thier

24. FUNERAL DIRECTOR Horace S. Burgee ADDRESS 3631 Falls Rd. Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04444

9464

CERTIFICATE OF DEATH

Item 2 film G166 6/1/54 cm

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 2 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Finksburg Nursing Home Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) SABINA (Last) KISER

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 27-1859

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham Hill

14. MOTHER'S MAIDEN NAME: Mary E. Reck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Edward M. Leech Greenmount, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis (Heart Block) — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 yrs
DUE TO (c) Rheumatoid Arthritis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7 ,1953, to 5/18 ,1954, that I last saw the deceased alive on 5/18 ,1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Foard M.D. — ADDRESS Manchester, Md — DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-21-1954 — NAME OF CEMETERY OR CREMATORY Trinity Evangelical Lutheran — LOCATION (City, town, or county) (State) Taneytown Maryland

DATE REC'D BY LOCAL REGISTRAR 5-21-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost

ELLSWORTH ARMACOST
4600 LIBERTY HEIGHTS AVENUE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04445

4442

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Westminster Md. — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 55 Westminster St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 1701 Wayne Road, Forest Glen

3. NAME OF DECEASED: (First) NELLIE (Middle) MAUDE (Last) LINDSAY
4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 22, 1880
9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): house-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas E. Kreglo
14. MOTHER'S MAIDEN NAME: Susan Cordelia Warner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Russell C. Humphreys — 1701 Wayne Rd. Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V disease — DUE TO

(c)

Interval Between Onset And Death: (a) 3 days; (b) years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to May 15, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 5:20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): James T. Monk, M.D. — ADDRESS: Westminster Md — DATE SIGNED: May 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 18 54
NAME OF CEMETERY OR CREMATORY: Pinegrove Cem.
LOCATION (City, town, or county) (State): Unionville, Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR: May 17-1954
REGISTRAR'S SIGNATURE: C. Ray Fogle
24. FUNERAL DIRECTOR: E. E. Myers, Jr. — ADDRESS: Westminster Md

VS. A15

MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4465

CERTIFICATE OF DEATH

04446

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville

LENGTH OF STAY (in this place): 4 mo. 7days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City

STREET ADDRESS (If rural give location): 39 LLoyd St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Peter	George	Louis	5	12	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	8-15-89	64 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Varied jobs	Unk-	Asia Minor	1st papers

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unk-	Unk-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	Unk-	Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause — (a) Insufficiency of the Mitral Valve — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial disease

DUE TO (c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Acute brain syndrome associated with alcohol intoxication.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1954, to May 11, 1954, that I last saw the deceased alive on May 11 1954, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther A. Sonnendecker M.D. — ADDRESS: Springfield State Hospital — DATE SIGNED: 5-12-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removed	5/18/54	University Med School	Balto City	MD

DATE REC'D BY LOCAL REGISTRAR: May 17, 1954 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Frances A Hemeley — ADDRESS: 578 W Baltimore

RECEIVED
MAY 20 1954
BUREAU V. S.

4466

MARYLAND

STATE DEPARTMENT OF HEALTH 04447

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give name of county) OR TOWN Sykesville | LENGTH OF STAY (in this place) 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3725 Gough Street

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Cornelia Kent- (Last) Maier

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-14-1879

9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Hopkins

14. MOTHER'S MAIDEN NAME: Emily Jane Maier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular renal disease — 4 months+

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with hypertensive cardio-vascular disease. — 4 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1954, to May 18, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeld M.D. | ADDRESS Springfield State Hospital | DATE SIGNED May 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 5-21-54 | NAME OF CEMETERY OR CREMATORY Glen Haven Mem. | LOCATION (City, town, or county) (State) Ritchie Highway, Md.

DATE REC'D BY LOCAL REG. 5-19 54 | REGISTRAR'S SIGNATURE A. W Hedrick | 24. FUNERAL DIRECTOR Charles L. Zeiler | ADDRESS 901 S. Conkling St. Balto, 24, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

d167

CERTIFICATE OF DEATH

04448

Reg. Dist. No. .....

Item 8 film G167 6/10/54 cm

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sykesville | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1804 Greenmount Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) McCauley
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: [illegible] 1886 (1886)
9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George McCauley
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 218-07-4592
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 11 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome, alcoholism — Years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1954, to 5/30, 1954, that I last saw the deceased alive on 5/30, 1954, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross, M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 5/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/3/54 — NAME OF CEMETERY OR CREMATORY Woodlawn. — LOCATION (City, town, or county) (State) Woodlawn Md.

DATE REC'D BY LOCAL REGISTRAR 6-1-54 — REGISTRAR'S SIGNATURE A. W. Hedges — 24. FUNERAL DIRECTOR Paul E. Shumate Jr. — ADDRESS 3645-47 Chestnut Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4468 **CERTIFICATE OF DEATH** 04449

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville — LENGTH OF STAY (in this place) Since 1-24-52.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural give location) 810 Ridgley Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) James (Last) McCormick

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-28-86

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Drives ice wagon

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick McCormick

14. MOTHER'S MAIDEN NAME: Catherine Corbitt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) June to Nov. 1917

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arterio-sclerotic cardio-vascular disease — Interval Between Onset And Death: Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gangrene of the right foot — 2 months

DUE TO

(c) Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS due to cerebral arteriosclerosis / chronic alcoholism — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1952, to 5-8, 1954, that I last saw the deceased alive on 5-7, 1954, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeldt M D — ADDRESS Springfield State Hospital — DATE SIGNED 5/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 11, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 5-18 — REGISTRAR'S SIGNATURE [signature] Frederick Dunn

24. FUNERAL DIRECTOR Fred. A. Krause & Son — ADDRESS 1216 S. Charles S. Balto. 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4469 04450

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville LENGTH OF STAY (in this place) since 4-29-54	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 4503 Highland Ave

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) — (Last) Meininger

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1-2-74

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) musician

10b. KIND OF BUSINESS OR INDUSTRY Unk.

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Meininger

14. MOTHER'S MAIDEN NAME Katherina Margaret Lott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. Unk

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis more than 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis 2 yrs

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 13, 1954, to May 22, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Martin Gross, M.D. Sykesville, Md DATE SIGNED May 23, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5/26/54	PROSPECT HILL	WASHINGTON D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-24-54	C. Harry Weir	The S. H. Hines Co.	2901-14th St NW Washington D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04451

9443 **CERTIFICATE OF DEATH** Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 227 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Md.
STREET ADDRESS (If rural give location) 227 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) MAY (Last) MYERS

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 22 1874

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country) Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Shriner

14. MOTHER'S MAIDEN NAME: Virginia Dorsenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. William J. Hollenbaugh, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) acute Cardiac Decompensation — 8 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Broncho-Pneumonia — 3 days

DUE TO

(c)

(260 X) 491 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 15 years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-, 1954, to 5-25-, 1954, that I last saw the deceased alive on 5-25-, 1954, and that death occurred at 8.55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. R. Fouty, M.D. ADDRESS Westminster Md DATE SIGNED 5-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/28/54 NAME OF CEMETERY OR CREMATORY Meadow Branch LOCATION (City, town, or county) Rural, Westminster (State) Md

DATE REC'D BY LOCAL REGISTRAR May 26-1954 REGISTRAR'S SIGNATURE C. Ray Fogle

24. FUNERAL DIRECTOR J. E. Mingora Jr. ADDRESS Westminster Md

RECEIVED
JUN 1 1954
BUREAU V. S.

4470

05430 76
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Patapsco
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural - Patapsco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) V. (Last) NAWROT

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 14, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jones
14. MOTHER'S MAIDEN NAME: Edith M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Simon Nawrot Finksburg Md R1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio Vascular disease c̄ Hypertension — INTERVAL BETWEEN ONSET AND DEATH Years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 29/54
NAME OF CEMETERY OR CREMATORY Sandymount
LOCATION (City, town, or county) (State) Carroll County, Md.

DATE REC'D BY LOCAL REG. June 2-1954
REGISTRAR'S SIGNATURE C Ray Fogle
24. FUNERAL DIRECTOR ADDRESS J.F.Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUN 7
BERKELEY, U. S.

4471

04452
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville, Maryland
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 11 East Chase Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Claude (Last) Prevost
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 12-26-57 (?)
9. AGE last birthday: 96 (?) yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Mr Louis C. Prevost
14. MOTHER'S MAIDEN NAME: Catherine Reinhard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Possible fat embolism of brain (pending examination of brain)
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of left femur — 32 hrs.
DUE TO
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) 5 (Day) 16 (Year) 54 (Hour) 12:35 A.M. P.M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 21f. HOW DID INJURY OCCUR? Fell out of bed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Maynard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED May 17/54

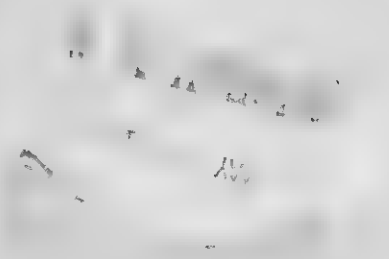
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5-19-54 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. May 17, 1954 | REGISTRAR'S SIGNATURE C. Harry Weir | 24. FUNERAL DIRECTOR Wm Cook, Inc. | ADDRESS 1217 St Paul St. Balto.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



4472

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04453

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1mo. 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 410 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Milton (Last) Quidas
4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 5 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Marine Engineer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Otto Robert Quidas
14. MOTHER'S MAIDEN NAME: Albertina ~~Sch~~ Schulke
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY No.: 082-14-9405
17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral Vascular Accident — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with circulatory disturbance with cerebral arteriosclerosis, with 6 months+ psychotic reaction.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1954, to May 27, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 12:55a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeldt M.D. ADDRESS Springfield State Hospital DATE SIGNED 5-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 29/54 NAME OF CEMETERY OR CREMATORY Moreland Memorial LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Burial 5-28-54 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR [illegible] Jenkins & Sons Co 4905 York Rd ADDRESS

Duck

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 4473

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

04454

Reg. Dist. No. 54

1. PLACE OF DEATH COUNTY: CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville, Md. 1 LENGTH OF STAY (in this place): 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): 247 S. Ann Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) REIMAN			4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1954		
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 8/7/01	9. AGE last birthday: 52 yrs.	If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter		10b. KIND OF BUSINESS OR INDUSTRY: Contracting	11. BIRTHPLACE (State or foreign country): Estonia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mathew Reiman			14. MOTHER'S MAIDEN NAME: Lesa ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Record, Springfield State Hospital		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Thrombosis, bilateral	not more than 2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic Aortitis	
	(c) Chronic Brain Syndrome assol with CNS syphilis meningoencephalitic, with psychotic reaction	indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1954, to 5/11, 1954, that I last saw the deceased alive on 5/11, 1954 and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrude M. Gross, M.D. Gertrude M. Gross	M. D.	Sykesville, Maryland	5/11/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	5-14 54.	SUNNYRIDGE MEM. CEM.	CRISFIELD	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-12-54	[signature]	Charles S. Zeiler	901 S. CONKLING ST. BALTO. 24, MD.

MARGIN RESERVED FOR BINDING

9444

04455
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Md — LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Carroll St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster Md
STREET ADDRESS (If rural, give location) 29 Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) LaRue (Last) Schwinn

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 7 1909

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home-Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manchester Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaiah Wildasin

14. MOTHER'S MAIDEN NAME: Mary Sluce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Annie B. Schwinn Westminster Md 29 Carroll St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Knife wounds of neck

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Westminster (County) Carroll (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 6 1954 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Probably Inflicted by husband

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE James J. Shorak, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 9 54 — NAME OF CEMETERY ~~OR CREMATORY~~ Meadow Branch Cem. — LOCATION (City, town, or county) Rural near Westminster Md. (State)

DATE REC'D BY LOCAL REG. May 8-1954

REGISTRAR'S SIGNATURE C Ray Fogle

24. FUNERAL DIRECTOR D. E. Myers Jr. — ADDRESS Westminster, Md.

MAY 10 1954

BUREAU V. S.

Film#G165 Item# 8,9
5/12/54 omf

9445

04456
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Carroll St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 29 Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) C. H. (Last) SCHWINN

4. DATE OF DEATH (Month) May (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 28, 1908

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Insurance Salesman, Life Ins.

10b. KIND OF BUSINESS OR INDUSTRY: Life Ins.

11. BIRTHPLACE (State or foreign country): Westminster Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William G. Schwinn

14. MOTHER'S MAIDEN NAME: Annie Beindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Annie B. Schwinn 30 Carroll St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Knife Wounds in neck

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Westminster (County) Carroll (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 6 1954 - A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Marsh M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May-6-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 9/54 — NAME OF CEMETERY OR CREMATORY Medford Branch Cem. — LOCATION (City, town, or county) near, Westminster, Md. (State)

DATE REC'D BY LOCAL REG. May 8-1954 — REGISTRAR'S SIGNATURE Ray Fogle

24. FUNERAL DIRECTOR J. E. Myers Jr. — ADDRESS Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04457

9474 CERTIFICATE OF DEATH Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hampstead
MARYLAND LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampstead
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) A (Last) SWITZER
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 54
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Dec 25-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christian Moyer
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Henry Switzer, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Delitation — Interval Between Onset And Death: 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive C-V- Disease — 78 yrs
DUE TO (c) Obesity — 40 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 19 54, to 5-22, 19 54, that I last saw the deceased alive on 5-22, 19 54, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE M.C. Butterfield (Degree or title) M.D ADDRESS Hampstead Md DATE SIGNED 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 25/54 NAME OF CEMETERY OR CREMATORY Hampstead LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REGISTRAR 5/23/54 REGISTRAR'S SIGNATURE Henry J Lewis 24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

RECEIVED
MAY 27 1954
BUREAU V. S.

4475 **MARYLAND STATE DEPARTMENT OF HEALTH** 04458

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ...uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sykesville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville
STREET ADDRESS (If rural, give location) Johnsville

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) T. (Last) TALBOT
4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	married	9-23-1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	farming	Maryland	U.S.

13. FATHER'S NAME: William Talbot
14. MOTHER'S MAIDEN NAME: Charlotte Squirrel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Catherine Talbot, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) hypertensive cardiovascular disease with — 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis & Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to 5 May, 1954, that I last saw the deceased alive on 5 May, 1954, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Lawson	M. D.	Liberty Road at Eldersburg, Sykesville P.O. Md.	5 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	5-9-1954	Johnsville	Carroll Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 8, 1954	C. Stanley Talbert	C. M. Waltz, Winfield, Md.

RECEIVED
MAY 17 1934
BUREAU V. S.

9446 MARYLAND STATE DEPARTMENT OF HEALTH 04459

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Penna. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 64 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Estell (Last) Ward

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 25, 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Westminster, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Shipley

14. MOTHER'S MAIDEN NAME: Prudence Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Charles E. Shipley Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 1 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis with Hypertension & Myocardial Degeneration — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 50, to May 5, 19 54, that I last saw the deceased alive on May 4, 19 54 and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE: Helene Shipley (Degree or title) ADDRESS Westminster Md DATE SIGNED 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7, 1954	Westminster Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6-1954	Kay Fogle	John R. Byers	Westminster, Md.

RECEIVED
MAY 1914
BUREAU V. S.

MARYLAND 9476

04460

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 5/12/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 702 S. Highland Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Anton (Middle) - (Last) WILD

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10/27/80

9. AGE last birthday: 73 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Unknown ANTON WILD

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ---

16. SOCIAL SECURITY No. 213-03-5849 unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) New myocardial infarction — Interval between onset and death: minutes.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Old myocardial infarction — more than 1 yr.

(c) Arteriosclerosis — about 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with circulatory disturbance, with cerebral arteriosclerosis, psychotic reaction. about 8 yrs.

19a. DATE OF OPERATION: ---- 19b. MAJOR FINDINGS OF OPERATION: ---- 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --- PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY --- (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from July 3, 1953, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE W M Martin (Degree or title) M D ADDRESS Sykesville Md. DATE SIGNED May 5-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 5-8-54. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. ADDRESS Charles L. Zeiler 901 S. CONKLING ST. BALTO., 24, MD.

Film #G166 Item # 2
5/17/54 emf

4177

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04461

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
LENGTH OF STAY (in this place): 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Weitzel Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 1003 S. East Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) B. (Last) Wright

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 15, 1857

9. AGE last birthday: 97 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Wright

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mary McKenney Pasidena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerotic, hypertensive disease — yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to May 8, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Stanley Grabill - M.D. ADDRESS: Mt Airy - Maryland DATE SIGNED: 5/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-11-1954 — NAME OF CEMETERY OR CREMATORY: Trinity Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-10-54 — REGISTRAR'S SIGNATURE: A.W.Hedrich dmr. — 25. FUNERAL DIRECTOR AND ADDRESS: Lilly & Zeiler Inc., 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04462

4478 **CERTIFICATE OF DEATH** Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington 06X-1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) F (Last) Wright
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 9 - 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber, self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel Wright
14. MOTHER'S MAIDEN NAME: Margaret Fowley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Wright, Poolesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

Immediate cause (a) Parkinson's disease — Interval Between Onset And Death 67 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe decubitus ulcers 4 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951 to May 10 1954, that I last saw the deceased alive on Apr 20 1954, and that death occurred at 1 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) A. Reese Wilkens M.D. ADDRESS Westminster DATE SIGNED 5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/12/54
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State)
DATE REC'D BY LOCAL REGISTRAR 5/12/54
REGISTRAR'S SIGNATURE C. Ray Fogle C.T.
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 12 1954
BUREAU V. S.

4479 **MARYLAND STATE DEPARTMENT OF HEALTH** 05449

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~191~~ 83

1. PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City 15X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Mercier St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET ELIZABETH YOUNG

4. DATE OF DEATH (Month) (Day) (Year): 5-10-54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	Colored	Widow	2-22-1895	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	None	Ellicott City, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cook	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	?	Agnes Bacon, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
none		

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1954, to 5/10, 1954, that I last saw the deceased alive on 5/10, 1954, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J Stanley Grabill M.D.	Mt Airy, Md	5/12/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-14-54	Western Star	Catonsville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-14-54	John B. Longman	F.C. Higinbothom, Ellicott City, Md.
5-20-54	Per B.E.L. Edna M. Hewitt	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 28 1954
BUREAU V. S.